



## Primary Care Plus (PCPlus) Frequently Asked Questions

**Q1: What is Primary Care Plus (PCPlus)?**

**A:** PCPlus is a new MaineCare primary care model that gives Primary Care Providers (PCPs) greater flexibility and incentives to meet MaineCare members' healthcare needs by transitioning away from a volume-based (fee-for-service) payment system toward an approach that provides Population-Based Payments (PBPs) tied to cost- and quality-related outcomes. Participation in PCPlus is voluntary for PCPs and PCPs must apply to participate. For PCPs who elect to participate, the Department will share quality and utilization data, offer a new value-based payment model, and provide technical assistance to support care delivery and to help practices achieve performance outcomes. For more information on PCPlus, visit <https://www.maine.gov/dhhs/oms/providers/value-based-purchasing/primary-care>.

**Q2: When is PCPlus scheduled to begin?**

**A:** PCPlus is currently scheduled to begin April 1, 2022.

**Q3: When does the application open/close for PCPlus?**

**A:** The application process opened on November 19, 2021 and will close on January 7, 2022.

**Q4: For organizations with multiple primary care locations, at what level should applications be submitted?**

**A:** PCPlus applications must be submitted at the service location-level. For organizations with multiple locations, a separate application must be submitted for each service location.

**Q5: If I submitted a PCPlus pre-application or complete the full application process, does it commit me to enroll with PCPlus?**

**A:** No, submitting a pre-application or full application does not commit a location to enroll. Prior to starting the program, qualifying providers will be asked if they would like to proceed to enrollment.

**Q6: How will a practice know if they've successfully enrolled in PCPlus for April?**

**A:** MaineCare will contact all providers regarding their final enrollment status in PCPlus no later than March.

**Q7: When PCPlus begins, will providers still receive Primary Care Case Management (PCCM), Primary Care Provider Incentive Payment (PCPIP), and/or primary care Health Home (HH) payments?**

**A:** No; once PCPlus begins, these other programs and payments will end. The final PCPIP will be made in January 2022 and the final PCCM payment will be made the last week of March 2022. The final HH payment for the March service month (February 21-March 20, 2022) will be made mid-April.

**Q8: Will PCPlus participation impact our primary care practices' ability to bill for primary care services (e.g., fee-for-service, all-inclusive rates, prospective payment system encounter rates)?**

**A:** No, PCPlus will not affect practices' other primary care services payments in the first phase of implementation. Future phases of the PCPlus evolution seek to transition away from fee-for-service billing into more advanced alternative payment models (e.g. partial capitation or flat visit rates). The continued evolution of PCPlus will happen through official rulemaking (e.g. noticing, public comment, etc.).

**Q9: How often will enrolled PCPlus locations be paid for their population-based payments?**

**A:** PCPlus payments will be made monthly, after the 15<sup>th</sup> of each month.

**Q10: How do members get assigned to PCPlus locations?**

**A:** Each calendar quarter, MaineCare will review claims data to identify MaineCare members who have received primary care services at enrolled PCPlus locations. Members with a plurality of primary care claims at a PCPlus location will be attributed (assigned) to the location the following calendar quarter. Members will have the option to contact MaineCare Member Services to change their primary care location from the one they have been attributed to. Members will also have the option to opt-out of receiving PCPlus services.

**Q11: Is PCPlus mandatory for MaineCare members who are attributed to PCPlus locations?**

**A:** No. Members will have the option to opt-out of being included in attribution and receiving PCPlus services.

**Q12: Is PCPlus mandatory for MaineCare PCPs?**

**A:** No, PCPlus is voluntary for MaineCare PCPs.

**Q13: Can a primary care location participating in PCPlus drop out of the initiative at any time?**

**A:** Yes, a primary care location may drop out of PCPlus by contacting the MaineCare Delivery System Reform Unit at [PCP-Network-Services.DHHS@maine.gov](mailto:PCP-Network-Services.DHHS@maine.gov). Thirty days' notice is required.

**Q14: How do I get communications about PCPlus?**

**A:** To receive PCPlus communications, please enroll [here](#) to receive MaineCare e-messages.

**Q15: What kind of payment should I expect for PCPlus?**

**A:** PCPlus pays enrolled PCPs a Per Member Per Month (PMPM) payment based on the number of attributed members who have active MaineCare at the time each monthly payment is processed. Your practice will have a unique PMPM reimbursement rate based on your patient population and the characteristics of your primary care practice (i.e., your practice tier). The same rate is paid for all attributed members in your practice. If you are a current MaineCare provider, MaineCare may be able to provide you with an estimated payment calculation if you complete [this form](#).

**Q16: Once I've been placed in a PCPlus practice tier (Base, Intermediate, or Advanced), will I remain in that tier forever?**

**A:** PCPlus locations will be evaluated annually to assess their appropriate practice tier. This evaluation will determine if any changes have occurred that change the service location's practice tier.

**Q17: How does MaineCare determine the breakdowns of each member population group (e.g., adult generally well vs. complex) and the reimbursement for each category?**

**A:** MaineCare determines the breakdown of each population group by use of risk scores, claims, and demographic information. The population groups include Children, Adults, Aged-Blind-Disabled, and Duals. Each of these groups are then divided into the categories of Generally Well or Complex based on the member's risk score. For example, a person aged 13 with a risk score of .10, is added to the Generally Well category for Children. By contrast, a person aged 13, with a risk score of 2.00, is added to the Complex category for Children. This is reassessed annually.

MaineCare determined the threshold for the "complex" designation based on a review of the distribution of risk scores across the MaineCare program and a review of national data on the disproportionate utilization of healthcare resources among a subset of higher cost individuals. MaineCare also incorporated appropriate adjustments to assumptions based on factors that may not be adequately present in a claims-based risk model (such as the added intensity of resources involved in serving families). Rates for each category were set based on relative risk scores for each group and using a base rate based on reasonable model assumptions that were discussed in public stakeholder forums.

**Q18: How did MaineCare determine the rates for each provider practice tier (e.g., Basic, Intermediate, Advanced)?**

**A:** The rates for each tier were determined by reviewing the costs associated with each tier's respective requirements. Inputs and assumptions included average panel size, average payer mix, staffing costs for 24/7 coverage, cost of PCMH accreditation, cost of HealthInfoNet connection, cost of telehealth, staffing costs for including MaineCare members as advisors in practice improvement efforts, wages for Community Health Worker (CHW) partnerships, etc.

**Q19: How does PCPlus relate to Medicare's Primary Care First initiative?**

**A:** MaineCare has been accepted as an aligned payer under Medicare's Primary Care First initiative. This means the PCPlus initiative includes elements aligned with

Medicare's Primary Care First model such as similar quality metrics, care delivery requirements, attribution methods, payment models, and data sharing. There are some MaineCare primary care providers participating in both models, allowing reimbursement for members in each. For details about Primary Care First, visit <https://innovation.cms.gov/innovation-models/primary-care-first-model-options>.